
SCTA Quarterly Report

CY18 Quarter 4

Progress achieved on the 2018 SCTA Strategic Plan
October - December 2018

Executive Summary

In the fourth quarter of 2018 (CY18Q4), the South Carolina Telehealth Alliance (SCTA) not only executed the remaining tactics within its 2018 strategic plan but also underwent extensive strategic planning to finalize the goals for the year ahead. At least 15 different stakeholder groups including nearly 100 individuals met throughout the fall to develop the tactics and milestones outlined in the **2019 SCTA Strategic Plan**. The statewide infrastructure for telehealth continued to strengthen last quarter thanks to the efforts of the IT Workgroup and Palmetto Care Connection, and clinical services continued to grow under the leadership of the regional hubs and SC Department of Mental Health (SCDMH). Of note, SC Department of Mental Health achieved a major milestone in CY18Q4, providing its **100,000th telepsychiatry service** since the program's inception. Through its various workgroups, the SCTA continued to raise public awareness around telehealth and educate providers on its effective use. This culminated last quarter in another successful **Telehealth Awareness Week**, which involved six promotional events across the state with over 200 people in attendance and significant print, broadcast, and social media coverage.

This report provides further details on these and other accomplishments from CY18Q4 and previews the tactics that have been laid out for the year to come in the *2019 SCTA Strategic Plan*.

Mission

Improve the health of all South Carolinians through telehealth.

Values

Patient centered

Quality

Collaboration

Sustainability

Accountability

Vision

Telehealth will grow to support delivery of health care to all South Carolinians with an emphasis on underserved and rural communities. It will facilitate, coordinate and make more accessible quality care, education and research that are patient centered, reliable and timely. Our state will become recognized nationally for telehealth that is uniquely collaborative, valuable and cost effective.

Value Proposition

Telehealth in South Carolina will deliver high value through productive collaboration.

Driving Strategy 1

Deploy a coordinated, open-access telehealth network in South Carolina.

As indicated in the table below, the SCTA accomplished its key 2018 deliverables outlined for Strategy 1, which included implementing an upgraded help desk system (1.1), launching an online program request form for equipment and consultation requests (1.2), and advancing the discussion on interoperability in the state (1.3). Additionally, Palmetto Care Connections (PCC) made significant progress in building its centralized telehealth credentialing database and is on track to pilot the database in CY19 (1.4).

2019 Strategic Planning

For 2019, the **SCTA IT Workgroup** identified two key tactics for advancing its work to deploy a coordinated open-access network. First, the group will be assessing the adequacy of telehealth-related IT support across the SCTA's network of telehealth sites in efforts to identify gaps in IT support and designate an SCTA member to provide that support if needed. Additionally, in efforts to mature the SCTA's open access network, the IT workgroup will be engaging telehealth vendors on enabling their video endpoints to be accessible by open-access compatible video clients. The workgroup will provide the SCTA leadership with an interoperability report based on these vendor discussions. Also included under Strategy 1, the **Credentialing Workgroup** outlined plans to evaluate the long-term viability and utility of the centralized credentialing program. This will include assessing satisfaction and utilization of the spokes taking advantage of the database in the pilot program.

A full outline of Strategy 1 can be found in the attached *SCTA 2019 Strategic Plan (Appendix A)*.

2018 SCTA Strategy 1 - Milestones

| Strategy 1: Deploy a coordinated, open-access telehealth network in South Carolina. | | | | |
|--|-----------|--------------|----------|---|
| Milestones | Timeline | Champion | Status | Notes |
| Tactic 1.1: Effectively utilize the shared IT support request mechanism to ensure timely IT support for telehealth-related activities across the state | | | | |
| Explore the possibility of service portal integration across multiple agencies' ticketing systems. | March | IT Workgroup | Deferred | Upgraded help desk system was implemented in Q3. Coordinating IT support for managing issues has been integrated into next year's strategic plan. |
| Implement upgraded help desk system. Develop and further refine knowledge base to accompany help desk system to inform and assist future users | June | IT Workgroup | | |
| Create a directory of technical contacts for routing issues to; determine a mechanism for keeping this directory updated | September | IT Workgroup | | |
| Tactic 1.2: Enhance the process for sites requesting assistance from the SCTA to include not only equipment requests but also additional consultation on the clinical or administrative aspects of implementing telehealth. | | | | |
| Revise the online request form, and establish a process for reviewing requests. Integrate request form with CRM and help desk systems. | March | IT Workgroup | Complete | |
| Implement revised request process and report quarterly on requests received and addressed. | June | IT Workgroup | Complete | |
| Tactic 1.3: Engage in quality improvement efforts to ensure SCTA technical standards and protocols continue to meet industry standards and that SCTA IT solutions meet SCTA hub needs. | | | | |
| Convene IT workgroup for a spring meeting to review and evaluate current standards and solutions (e.g. help desk system, program request form, etc.). | June | IT Workgroup | Complete | |
| If determined necessary, update standards and protocols and implement recommended changes to IT solutions. | September | IT Workgroup | Complete | |
| Tactic 1.4: Establish a mechanism to streamline credentialing process for telehealth providers | | | | |
| Finalize the centralized credentialing pilot project design to include telehealth providers from MUSC and SCDMH. Develop a universal <i>Credentialing By Proxy</i> contract on behalf of the telehealth hubs to use with spoke hospitals. Identify and hire Credentialing Coordinator. | March | PCC | Complete | |
| Work with credentialing vendor to complete the data interface. Transfer credentialing data from MUSC and SCDMH services. | June | PCC | Deferred | Due to delays with the database build, the pilot will be implemented and evaluated in CY19. |
| Report the number of sites participating in the credentialing model. Develop a plan to expand pilot to include other telehealth hubs. | September | PCC | | |

Driving Strategy 2

Understand and effectively respond to the needs of users of telehealth with an emphasis on the underserved and rural.

Palmetto Care Connections (PCC) continued to lead the SCTA's efforts to expand broadband in SC's rural and underserved communities. Earlier in the year, PCC supported organizations in submitting applications to the Healthcare Connect Fund for subsidized broadband, and last quarter the first notices of award began to be issued, including the first skilled nursing facility in SC to receive the award. Most award announcements are expected to arrive in early 2019. **(2.1)**

As previously reported, MUSC Health and PCC partnered with consultant Cardovia Health to better understand **telehealth adoption among federally qualified health centers (FQHCs)** in SC. Through both secondary research of FQHC telehealth programs across the country as well as primary research with three specific FQHCs in SC, Cardovia Health identified a number of key facilitators and barriers to FQHC telehealth adoption. Individual findings from this assessment were shared with the FQHCs that participated in the project. In CY19, MUSC's Center of Excellence will work with PCC and the SCTA Education workgroup to incorporate these findings into a tool to support FQHCs and other rural providers with telehealth adoption. **(2.3)**

2019 Strategic Planning

For 2019, PCC has identified two initiatives to pursue as part of their work under Strategy 2. Building on their success of growing broadband in rural areas, PCC will be developing a promotional plan that highlights the value enhanced broadband brings to rural areas. The other key tactic PCC will be exploring is the possibility of developing a regional telehealth access clinic in the Bamberg, Barnwell, Hampton and Allendale region. This will include discussion with community stakeholders and developing a feasibility report to share with SCTA leadership.

A full outline of Strategy 2 can be found in the attached *SCTA 2019 Strategic Plan (Appendix A)*.

2018 SCTA Strategy 2 - Milestones

Strategy 2: Understand and effectively respond to the health needs of SC citizens with an emphasis on those living in underserved and rural areas.

| Milestones | Timeline | Champion | Status | Notes |
|---|-----------|----------|----------|--|
| Tactic 2.1: Grow the number of rural health care sites connected to the broadband required to participate in telehealth services. | | | | |
| Identify providers to target within counties identified by the FCC as having low broadband connectivity. | March | PCC | Complete | Complete |
| Contact identified sites in highest priority counties to initiate discussions regarding need for and installation of broadband, and subsequently telehealth services. | June | PCC | Complete | Complete |
| Report on progress with the identified sites as well as potential alternative sources of funding. | September | PCC | Complete | Complete |
| Tactic 2.2: Equip additional providers in rural & underserved areas with the technology & training needed to provide telehealth services. | | | | |
| In conjunction with MUSC, develop a process for improving communication & coordination of incoming requests for assistance to ensure appropriate assignment of resources. Document all current and past site engagement in selected CRM platform (e.g. Salesforce). | March | PCC | Deferred | The Program Request Form process was fully implemented in CY18, allowing for more coordinated response to requests from the SCTA. Finalizing the full CRM build and procedures will occur in CY19. |
| Evaluate newly developed process for improved communication & coordination & revise as necessary. | June | PCC | | |
| Tactic 2.3: Develop a mechanism to optimize the experience and participation of rural health clinics with telehealth service lines. | | | | |
| Identify a needs assessment process for rural clinics that will assist them in adding new service lines or ensure existing service lines are being utilized effectively. | March | PCC | Complete | Complete |
| Begin to implement assessment process with rural clinics. | June | PCC | Complete | Complete |
| Report findings from assessments to service line providers and coordinators. Develop a manual of best practices for working with rural clinics. | September | PCC | Complete | Complete |
| Tactic 2.4: Use telehealth to help enhance access in rural & underserved areas to the full continuum of care for disease management. | | | | |
| Identify a chronic disease (e.g. diabetes) prevalent in rural South Carolina to address. Identify current resources, initiatives, and programs already in place addressing that chronic disease. | March | PCC | Complete | Complete |
| Identify continuum of care models that use telehealth to combat chronic disease in rural communities. Select a rural SC community to focus on with full continuum of care model. | June | PCC | Complete | Complete |
| Communicate with health care providers in chosen rural community to gain their input and buy-in on the model. | September | PCC | Complete | PCC will be working with MUSC's diabetic remote patient monitoring team to explore this further in CY19. |

Driving Strategy 3

Build and scale telehealth clinical services and programs that expand access to care.

Led by the four SCTA regional hub health systems—**Greenville Health System, Palmetto Health, McLeod Health, and MUSC Health**—all the deliverables outlined for 2018 in the tactics of Strategy 3 were successfully achieved. Highlights from this service development can be found in past quarterly reports.

2019 Strategic Planning

For 2019, the tactics and subtactics for Strategy 3 are structured similarly to last year, with four key focus areas for building and scaling adult and pediatric telehealth services:

1. Supporting **community hospitals** with specialty and subspecialty services.
2. Supporting **primary and ambulatory care providers** with efficient access to specialty care.
3. Extending care to **population-based settings** (e.g. schools, correctional facilities, long term care facilities).
4. Implementing and evaluating **direct-to-consumer** services.

Although much of the work in 2019 under Strategy 3 will build on that of the previous years, there are some notable additions and areas of emphasis within the new plan:

- For this upcoming year, the work within Strategy 3 will involve increased partnership with the **SC Hospital Association**, as the SCTA looks to leverage telehealth to support statewide quality metrics in the areas of stroke and critical care.
- The **Children’s Telehealth Collaborative**—part of the SC Children’s Hospital Collaborative—will also play an increased role in this strategy as it focuses on continuing to build telehealth services within the four SC children’s hospitals, exploring opportunities to support medically complex children via telehealth, and supporting telehealth initiatives taking place within the state’s Children’s Advocacy Centers.
- With many telehealth programs across the SCTA health systems now having matured, Strategy 3 of the 2019 plan also includes a **heightened emphasis on reporting out utilization** across service lines and by site. Better understanding the patterns of utilization across the SCTA will allow for more strategic deployment of resources.
- With the rise and success of **remote patient monitoring (RPM)**, the SCTA has introduced a tactic focused on better understanding this modality and potential payment models for its use to support chronic disease management across the state (3.2.B). This is particularly timely considering recent advances in Medicare payment for RPM.
- Last year, joining USC’s long-standing Hepatitis C Telehealth Initiative, a number of new **Project ECHO/telementoring programs** started within the state on topics such as maternal fetal medicine, behavioral health collaborative care, and prescribing medication assisted treatment (MAT) for opioid use. Physician and administrative leaders from each of these programs will be meeting throughout 2019 to explore potential synergies across the groups (e.g. shared marketing, collecting common metrics, and discussing reimbursement and sustainability opportunities with this model). Given the focus of these programs on extending specialty care to primary care providers, the tactic related to telementoring efforts has been moved from Strategy 5 (Education) to Strategy 3 in the 2019 plan.

A full outline of Strategy 3 can be found in the attached *SCTA 2019 Strategic Plan (Appendix A)*.

2018 SCTA Strategy 3 - Milestones

| Strategy 3: Build and scale telehealth clinical services and programs that expand access to care. | | | | |
|--|-----------|-------------------------------------|----------|---|
| Milestones | Timeline | Champion | Status | Notes |
| Tactic 3.1: Support community hospitals with the availability of specialty and subspecialty services. | | | | |
| Subtactic 3.1.A: Optimize the delivery of telestroke services. | | | | |
| Identify members to serve on a SCTA telestroke workgroup. | March | MUSC | Complete | |
| Convene first SCTA telestroke workgroup meeting. | June | MUSC | Complete | |
| Draft short term objectives and long term vision to improve statewide telestroke care. | September | MUSC | Complete | |
| Subtactic 3.1.B: Implement a pediatric critical care telehealth service. | | | | |
| Create clinical and operational workflows. | March | Children's Telehealth Collaborative | Complete | |
| Install equipment and train stakeholders on workflows and technology. | June | Children's Telehealth Collaborative | Complete | |
| Implement a pilot of the new service to support a community hospital(s). | September | Children's Telehealth Collaborative | Complete | Three of the four regional hubs have implemented a pilot service, with McLeod planning to go live in early 2019. |
| Subtactic 3.1.C: Develop adult inpatient telehealth services that meet the needs of the respective region. | | | | |
| Each regional hub will identify an adult telehealth service(s). | March | MUSC Health | Complete | |
| Clinical and operational champions identified. | June | MUSC Health | Complete | |
| Clinical and operational workflows drafted. | September | MUSC Health | Complete | |
| Implement a pilot of the new services to support a community hospital(s). | December | MUSC Health | Complete | |
| Subtactic 3.1.D: Evaluate the quality impact and feasibility of tele-ICU. | | | | |
| Conduct an assessment of tele-ICU activity in SC hospitals. | March | MUSC Health | Complete | |
| Publish a summary report of SC tele-ICU activity to include clinical outcomes, financial metrics and qualitative assessments. | June | MUSC Health | Complete | |
| Provide recommendations for action items in response to summary report. | September | MUSC Health | Complete | |
| Tactic 3.1: Support community hospitals with the availability of specialty and subspecialty services. | | | | |
| Subtactic 3.1.C: Develop adult inpatient telehealth services that meet the needs of the respective region. | | | | |
| Each regional hub will identify an adult telehealth service(s). | March | MUSC Health | Complete | |
| Clinical and operational champions identified. | June | MUSC Health | Complete | |
| Clinical and operational workflows drafted. | September | MUSC Health | Complete | |
| Implement a pilot of the new services to support a community hospital(s). | December | MUSC Health | Complete | |
| Subtactic 3.1.D: Evaluate the quality impact and feasibility of tele-ICU. | | | | |
| Conduct an assessment of tele-ICU activity in SC hospitals. | March | MUSC Health | Complete | |
| Publish a summary report of SC tele-ICU activity to include clinical outcomes, financial metrics and qualitative assessments. | June | MUSC Health | Complete | |
| Provide recommendations for action items in response to summary report. | September | MUSC Health | Complete | |
| Tactic 3.2: Support primary and ambulatory care providers with efficient access to specialty care. | | | | |
| Subtactic 3.2.A: Implement asynchronous mechanism to better support primary care providers and improve efficiency of the referral process. | | | | |
| Assess products that can provide asynchronous exchanges of medical information with primary care providers. | March | MUSC Health, PH | Complete | |
| Begin implementation of pilot service in at least one region. | June | MUSC Health, PH | Complete | MUSC's diabetic retinopathy program pilot is live and growing. MUSC's e-consult platform to be implemented in CY19. |
| Implement pilot of telehealth services(s). | September | MUSC Health, PH | | |
| Subtactic 3.2.B: Establish regional telehealth access points for the equitable delivery of specialty care. | | | | |
| Identify regions to pilot the delivery of specialty care telehealth services. | March | MUSC Health, PH | Complete | |
| Establish clinical and operational workflows | June | MUSC Health, PH | Complete | |
| Implement pilot of telehealth services(s). | September | MUSC Health, PH | Complete | |
| Tactic 3.3: Extend care to population-based settings to improve access to convenient, cost-effective healthcare. | | | | |
| Subtactic 3.3.A: Increase access to medically-underserved children through the expansion of school-based telehealth. | | | | |
| Identify regions to pilot the delivery of specialty care telehealth services. | March | MUSC Health, PH | Complete | |
| Establish clinical and operational workflows | June | MUSC Health, PH | Complete | |
| Implement pilot of telehealth service(s). | September | MUSC Health, PH | Complete | |
| Subtactic 3.3.B: Implement urgent care telehealth services to jails and skilled nursing facilities to decrease the costs of avoidable readmissions and transfers. | | | | |
| Implement pilot of tele-urgent services to jails and skilled nursing facilities. | June | MUSC Health | Complete | |
| Report on initial successes and challenges of tele-urgent services. | September | MUSC Health | Ongoing | Hub managers reporting out barriers and success in regular collaborative calls. |
| Tactic 3.4: Understand and effectively respond to consumer demands by expanding convenient healthcare services (Direct-to-Patient). | | | | |
| Subtactic 3.4.A: SCTA regional hubs will implement direct-to-patient services and evaluate utilization, quality and cost-effectiveness. | | | | |
| Identify and report quarterly metrics that assess the impact of direct-to-patient services. | March | Regional Hubs | Complete | |
| Regional hubs report on initial successes and challenges of direct-to-patient services. | September | Regional Hubs | Ongoing | Workgroup members are sharing successes and challenges on regular calls. A more formal assessment will be incorporated into the CY19 tactics of Strategy 7. |

Driving Strategy 4

Broaden mental health and related telehealth clinical services and programs to increase access to care.

The *2018 SCTA Strategic Plan* was the first to include a strategy solely focused on broadening access to mental health treatment via telehealth. Championed by the **SC Department of Mental Health (SCDMH)**, this strategy outlined tactics to build on SCDMH's already pioneering telepsychiatry program. SCDMH advanced all of its outlined tactics in 2018. Of major note, in CY18Q4 SCDMH passed a major milestone in its telepsychiatry program, providing its **100,000th psychiatric service via telemedicine**. The press release for this milestone is attached (**Appendix B**).

Recruiting psychiatrists to staff SCDMH's growing program was a key initiative outlined in Strategy 4. At the close of 2018 SCDMH reported having brought on **15 new telepsychiatrists** in 2018. SCDMH also has successfully begun to use nurse practitioners to provide telepsychiatry services within its programs. Growing its workforce allows SCDMH to continue to expand both its Emergency Department and Community Telepsychiatry programs, meeting a critical need in SC given the shortage of mental health providers in the state (**4.4**).

2019 Strategic Planning

The mental health strategy outlined by SCDMH for 2019 is quite similar to the year prior, outlining plans for SCDMH to continue to grow its telehealth programs. This includes expanding its emergency department telepsychiatry program to new hospitals and expanding its community telepsychiatry program beyond its own mental health clinics and into other patient settings such as schools and FQHCs. Moreover, in partnership with EMS and other first responders, SCDMH will extend into new counties its programs deploying telehealth to support its crisis intervention. To accommodate this continued growth, SCDMH has again incorporated provider recruitment and enhancing its health information sharing systems into the 2019 strategy.

Also included in Strategy 4 are the efforts to expand access to **medication assisted treatment (MAT)** throughout the state via telehealth (tele-MAT). The use of tele-MAT in SC has grown out of collaboration among MUSC Health, the Department of Alcohol and Other Drug Abuse Services (DAODAS), the Behavioral Health Services Association (BHSA), and PCC. In 2019, the SCTA will be pulling together a tele-MAT committee comprised of stakeholders from these organizations to help coordinate the collective tele-MAT efforts and evaluate the different models of its use across the state.

A full outline of Strategy 4 can be found in the attached *SCTA 2019 Strategic Plan* (**Appendix A**).

2018 SCTA Strategy 4 - Milestones

Strategy 4: Broaden mental health and related telehealth clinical services and programs to increase access to care.

| Milestones | Timeline | Champion | Status | Notes |
|--|-----------|--------------|----------|---|
| Tactic 4.1 Support rural hospitals with the availability of mental health and related clinical services and programs. | | | | |
| Subtactic 4.1.A: Increase the number of rural hospitals with access to mental health and related clinical services and programs. | | | | |
| Establish priority list and readiness evaluation of rural hospitals for implementation of clinical services and programs. | March | PCC, SCDMH | Ongoing | SCDMH has developed a process for prioritizing expansion. This implementation process is ongoing as opposed to focused milestones due to ongoing demand. |
| Secure required carts and associated equipment/infrastructure in order to implement selected clinical services and programs. | June | PCC, SCDMH | | |
| Activate first cohort of rural hospitals from established priority list and readiness evaluation. | September | PCC, SCDMH | | |
| Subtactic 4.1.B: Extend organizational partnerships that support crisis intervention. | | | | |
| Establish priority list of geographically-strategic areas for establishment of regional crisis intervention services. | March | SCDMH, SCHA | | Complete |
| Convene a meeting of interested parties from the priority list to discuss the need/inclination for crisis intervention services and supports. | June | SCDMH, SCHA | | Complete |
| Tactic 4.2: Support primary care and related-care providers with integrated or aligned access to mental health and related clinical services and programs. | | | | |
| Subtactic 4.2.A: Increase the number of primary care and related-care providers with access to mental health and related clinical services and programs. | | | | |
| Establish priority list and readiness evaluation of primary care and related-care providers for implementation of clinical services and programs. | March | PCC, SCDMH | Ongoing | Throughout CY18, SCDMH explored a number of FQHC partnership opportunities. They will pilot telepsychiatry services with at least one FQHC in the near future, with plans to scale these services to other clinics in CY19. |
| Secure required carts and associated equipment/infrastructure in order to implement selected clinical services and programs. | June | PCC, SCDMH | | |
| Activate first cohort of primary care and related-care providers from established priority list and readiness evaluation. | September | PCC, SCDMH | | |
| Tactic 4.3: Establish telepsychiatry as recruitment tool for providers. | | | | |
| Convene group to discuss provider recruitment. | March | SCDMH | | Ongoing |
| Establish marketing initiative to use telepsychiatry as recruitment tool for providers. | June | SCDMH | | |
| Extend the use of physician extenders within the provider roster of mental health and related clinical services and programs. | September | SCDMH | | |
| Tactic 4.4: Develop a best practice for medical information sharing across disparate medical service delivery organizations. | | | | |
| Subtactic 4.4.A: Evaluate the feasibility of coordinated, interfacing, bi-directional medical information sharing. | | | | |
| Convene a meeting of interested parties to discuss the feasibility of coordinated, interfacing, bi-directional medical information sharing. | March | PCC, SCDMH | | Complete |
| Report the findings from the meeting and research regarding the feasibility of medical information sharing. | June | PCC, SCDMH | Complete | SCDMH has identified a potential solution to meet its medical information sharing needs and is consolidating 4.4.A& B. SCDMH will explore moving forward with this solution in CY19. |
| Convene a second meeting to discuss next steps to work toward more coordinated medical information sharing, if warranted. | September | PCC, SCDMH | | |
| Subtactic 4.4.B: Evaluate the feasibility of a Health Information Exchange program to support the role of a centralized information sharing repository. | | | | |
| Convene a meeting of interested parties to discuss the feasibility of a Health Information Exchange program to support the role of a centralized information sharing hub. | March | PCC, SCDMH | | Complete |
| Report the findings from the meeting and other research regarding the feasibility of a Health Information Exchange program to support the role of centralized information sharing. | June | PCC, SCDMH | Complete | SCDMH has identified a potential solution to meet its medical information sharing needs and is consolidating 4.4.A& B. SCDMH will explore moving forward with this solution in CY19. |
| Convene a second meeting to discuss the next steps to support a centralized information sharing hub, if warranted. | September | PCC, SCDMH | | |
| Tactic 4.5: Identify, support, and coordinate other statewide telehealth initiatives that address mental health and related clinical services and programs. | | | | |
| Subtactic 4.5.A: Identify the various statewide telehealth programs that address mental health and related clinical services and programs and determine potential opportunities for alignment. | | | | |
| Compile a list of statewide services and programs. | March | SCDMH | | Complete |
| If appropriate, convene a meeting among stakeholders of various initiatives to address opportunities for alignment. | September | SCDMH | | Complete |
| Subtactic 4.5.B: Explore the implementation of mental health and related clinical services and programs in extended service areas. | | | | |
| Evaluate opportunities for implementing mental health and related clinical services and programs via telehealth to extended service areas (e.g. schools, jails, state agencies, colleges, and universities). | June | SCDMH | | Complete |
| Identify at least one pilot service to implement in one of these extended service settings. | September | SCDMH | | Complete |
| Subtactic 4.5.C: Assist with the development of the service delivery model for medication-assisted treatment (MAT) throughout the State of South Carolina. | | | | |
| Receive approval from LLR for controlled substance prescribing to patients in 301s via telehealth. | March | DAODAS, 301s | | Complete |
| Technical and clinical training process is in place. | June | DAODAS, 301s | | Ongoing |
| MAT consults to 301s active. | September | DAODAS, 301s | | Ongoing |

Driving Strategy 5

Conduct statewide education, training and promotion to providers and the public to accelerate and spread adoption of telehealth.

Led by SC AHEC and PCC, the **Education Workgroup** completed its 2018 deliverables outlined in Strategy 5. The group finalized its list of key **telehealth competencies** for health care trainees (**Appendix C**). These competencies will be used to guide the activities of the workgroup in the year to come. The workgroup also made progress in highlighting examples of telehealth curriculum integration across the state. In a December webinar sponsored by PCC and SC AHEC, Dr. Eve Fields and her ECHO team at GHS discussed their Behavioral Health ECHO and how they have integrated this program into their resident education program. Additionally, Dr. Katherine Chike-Harris and Jennifer Bailey are scheduled to speak in the upcoming quarter about current integration initiatives underway at SC AHEC and MUSC Health. **(5.1)**

Last quarter, PCC also hosted **two regional telehealth meetings** as part of Telehealth Awareness Week, one in Greenville and the other in Bamberg. Around 100 community providers and stakeholders participated in these two meetings, learning more about telehealth and ways it could be leveraged to meet the needs of their patients and communities. **(5.2)**

2019 Strategic Planning

For 2019, the Education Workgroup will continue its dual focus of advancing telehealth education for both health care trainees and practicing providers. Partnering with the Content Advisory Team and other telehealth content experts, the Education Workgroup will develop South Carolina-specific online telehealth learning modules. The first to be launched will be a training focused on telehealth billing and reimbursement, with modules on tele-presenting and broadband access in the pipeline. These resources will be grounded in and categorized by the telehealth competencies identified in 2018.

A full outline of Strategy 5 can be found in the attached *SCTA 2019 Strategic Plan (Appendix A)*. Also, please note the tactics related to telementoring and Project ECHO programs have been moved to Strategy 3 (Subtactic 3.2.D) in the *2019 SCTA Strategic plan*.

2018 SCTA Strategy 5 - Milestones

| Strategy 5: Conduct statewide education, training, & promotion to providers and the public to accelerate and spread adoption of telehealth. | | | | |
|---|-----------|-------------------|----------|---|
| Milestone | Timeline | Champion | Status | Notes |
| Tactic 5.1: Assist participating health provider training institutions in South Carolina in introducing knowledge of telehealth to their learners. | | | | |
| Workgroups for student/trainee education and provider education created. Based on curriculum integration inventory, key stakeholders identified to elicit telehealth curriculum implementation information. | March | AHEC | Complete | |
| Case studies of successful telehealth curriculum implementation developed. | June | AHEC | Complete | |
| Telehealth competencies for students/trainees developed and endorsed by committee. | September | AHEC | Complete | |
| Best practices, case studies, and telehealth competencies for students/trainees disseminated to institutions. Technical assistance provided to partners interested in integrating telehealth education at their institutions. | December | AHEC | Complete | Case studies and best practices have begun to be shared in webinars and other venues. This will continue to be a focus in CY19. |
| Tactic 5.2: Assist practicing health care providers in adopting telehealth through telehealth best-practice education and provisions of guiding resources, paying special attention to the rural/underserved communities in state. | | | | |
| Establish scholarship program to increase health care providers' utilization of online certification program for clinical tele-presenters and telehealth coordinators, and supplement online certification with local resources. | March | PCC | Complete | |
| Develop library of telehealth training tools for practicing health care providers and their staff and disseminate as identified by provider survey. | June | PCC | Complete | PCC is working with SC AHEC to develop modules in CY19. PCC already provides ongoing webinar training opportunities to providers. |
| Work with local AHECs and telehealth hubs to coordinate at least 2 Telehealth Regional Meetings in calendar year focusing on Upstate, Pee Dee and Low Country regions | September | PCC | Complete | |
| Review utilization rates for telehealth training tools and re-survey practicing providers to determine effectiveness as well as determine number of practices that have received telehealth certification | December | PCC | Deferred | PCC and SC AHEC this will be incorporated into CY19 planning. |
| Tactic 5.3: Extend the use of provider education via telehealth, enabling primary care and other practice settings to co-manage complex medical cases with the assistance of specialists and a multidisciplinary team | | | | |
| Review the successes and challenges of current HCV, sickle cell, opioid treatment, and emergency management provider education/Project ECHO programs. | June | USC Medical Group | Complete | |
| Formulate recommendations to streamline/grow these projects. | September | USC Medical Group | Complete | |

Driving Strategy 6

Develop a telehealth organization structure that encourages and facilitates statewide collaboration among providers in the delivery of health care, education and research.

Last summer, the SCTA and PCC hosted its first **SC Telehealth Stakeholders Meeting**. This in-person meeting was an opportunity to engage telehealth partners not already represented on the SCTA Advisory Council, and over 40 stakeholders attended the first session. At the request of the stakeholders, in CY18Q4 this group was reconvened virtually to receive reports from SCTA strategy champions and workgroup leaders on the progress made on the 2018 strategic plan. Both during this meeting and afterward via survey, stakeholders were given the opportunity to provide feedback on these strategies to inform the *2019 SCTA Strategic Plan*. **(6.1)**

The fall strategic planning process for 2019, which also took place last quarter, is a strong example of the organizational structure and statewide collaboration that defines Strategy 6. This fall, at least 15 different groups—either SCTA workgroups or other tactic champions—met to discuss and outline the tactics and deliverables for the *2019 SCTA Strategic Plan*. Across these different planning sessions, close to 100 individuals participated in some aspect of the SCTA strategic planning. This process culminated in a year-end retreat with the SCTA Advisory Council to review and endorse the plans for the upcoming year.

2019 Strategic Planning

For 2019, Strategy 6 will maintain two of its tactics from the year prior. First, the SCTA will continue with its SC Telehealth Stakeholder Meeting, working to optimize participation in the year to follow. Second, the SCTA will continue to establish unified opinions on policies or regulations when and where appropriate.

A full outline of Strategy 6 can be found in the attached *SCTA 2019 Strategic Plan (Appendix A)*.

2018 SCTA Strategy 6 - Milestones

| Strategy 6: Develop a telehealth organization structure that encourages and facilitates statewide collaboration among providers in the delivery of health care, education, and research. | | | | |
|---|-----------|-----------------------------|-----------|-------|
| Milestones | Timeline | Champion | Status | Notes |
| Tactic 6.1: Establish enhanced communication channels targeting partners and stakeholders not represented at the SCTA Advisory Council. | | | | |
| Establish a list of entities who are collaborating as partners with the SCTA currently. | March | SCTA Advisory Council | Complete | |
| Hold meeting that includes these partners to inform them of SCTA progress and obtain their feedback where appropriate. | June | SCTA Advisory Council | Complete | |
| Implement strategy for ongoing communication with these partners and stakeholders. | September | SCTA Advisory Council | Complete | |
| Tactic 6.2: Establish unified opinions and priorities on SCTA issues and pursue these priorities legislatively when possible and appropriate. | | | | |
| Establish a standard process for drafting SCTA opinions and moving these forward administratively and legislatively, using the SCTA's work on authorizing APRNs to practice telehealth as an example. | June | SCTA Advisory Council | Complete | |
| Identify issues for the SCTA to address, and begin applying process to respective issues. | September | SCTA Advisory Council | Complete | |
| Tactic 6.3: Establish an enhanced reporting process for adequate representation of SCTA activities. | | | | |
| Establish a subcommittee to approve reports and to inform the reporting process. | March | SCTA Coordinator, Co-Chairs | Complete | |
| Develop reporting templates to streamline the quarterly SCTA hub and workgroup reporting. | June | SCTA Coordinator, Co-Chairs | Complete | |
| Implement enhanced reporting mechanisms. | September | SCTA Coordinator, Co-Chairs | Complete. | |

Driving Strategy 7

Establish the value case for telehealth through robust assessment and rigorous analysis of telehealth outcomes.

2019 Strategic Planning

Led by Drs. Meera Narasimhan (USC) and Dee Ford (MUSC), this strategy focuses on **developing more robust outcome measurement and analysis** across the various SCTA service lines. Having focused in 2018 on meeting with leadership from the various SCTA hubs to better understand current outcome collection and reporting capabilities, in 2019 efforts will shift to collecting data for at least one in-depth analysis on a telehealth service line. Dr. Narasimhan and her team at USC will focus on assessing the direct-to-consumer virtual care platforms offered throughout the state as well as look at the various outcomes being collected by the Project ECHO and telementoring programs. Led by Dr. Ford, MUSC's Telehealth Center of Excellence will be conducting a number of cost effectiveness studies on MUSC's telestroke and school-based telehealth programs.

Also included within Strategy 7, this upcoming year the SCTA will be collaborating with the **SC Clinical and Translational Research Institute (SCTR)** for the administration of the SCTA's **pilot grant program**. SCTR has a strong grants and research support infrastructure already in place, and the synergies made possible through this collaboration will benefit efforts to expand telehealth research in South Carolina.

A full outline of Strategy 7 can be found in the attached *SCTA 2019 Strategic Plan (Appendix A)*.

2018 SCTA Strategy 7 - Milestones

| Strategy 7: Establish the value case for telehealth through robust assessment and rigorous analysis of telehealth outcomes. | | | | |
|--|-----------|----------|----------|-------|
| Milestones | Timeline | Champion | Status | Notes |
| Tactic 7.1: Establish the means to produce short- and long-term outcomes that reflect the value of telehealth services delivered and that inform SCTA strategic decisions | | | | |
| Develop an evaluation rubric for determining outcomes and identify generalizable process measures (e.g. # sites, # providers, type of service, etc.). | March | USC/MUSC | Complete | |
| Develop a consultation plan to support SCTA hubs and other sites with project evaluation. | June | USC/MUSC | Complete | |
| Have initial project outcomes for at least one project from each of the SCTA hubs that addresses either access, quality, and/or value. | September | USC/MUSC | Complete | |
| Tactic 7.2: Support clinicians and researchers in implementing and evaluating telehealth-based pilot projects through the SCTA grant program. | | | | |
| Promote the SCTA Implementation and Evaluation Grant program. Provide consultation to applicants on research and evaluation as needed. | March | MUSC | Complete | |
| Select up to five new SCTA grant recipients through grant review process. | June | MUSC | Complete | |
| Contracts and support in place for 2018 pilot project grantees. | September | MUSC | Complete | |

Driving Strategy 8

Demonstrate to legislators, payers, providers, and the public the impact of telehealth on improving access, quality, and affordability.

This past quarter, organizations from across the SCTA participated in the 2nd Annual **Telehealth Awareness Week (TAW)**, which was held October 15 – 19. This annual observance showcases the telehealth programs and services available throughout SC communities in efforts to educate the public on the benefits of telehealth. In addition to an extensive social media campaign, 6 in-person events were hosted across the state during this week:

- **School-based Telehealth Press Conference - Sumter County School District**
Sponsored by Palmetto Health, MUSC Health, and the Sumter County School District
- **Upstate Telehealth Regional Meeting**
Sponsored by AHEC of the Upstate, Greenville Health, Palmetto Care Connections, and SCHIMMS
- **SCTA Payer Open House at the MUSC Center for Telehealth**
Sponsored by MUSC Health
- **MUSC Staff Open House at the MUSC Center for Telehealth**
Sponsored by MUSC Health
- **Palmetto Health Virtual Health Open House**
Sponsored by Palmetto Health
- **Bamberg School-based Telehealth Community Awareness Day at Bamberg-Ehrhardt High School**
Sponsored by Bamberg Family Practice, Bamberg School District One, and Palmetto Care Connections

Over 200 community stakeholders attended these various TAW events, which also garnered considerable print, broadcast, and social media coverage. **(8.1)**

As part of the SCTA's sustainability and reimbursement efforts, the Sustainability Workgroup hosted a **payer open house** during TAW at the MUSC Center for Telehealth to demonstrate to payers how telehealth technology works and discuss ways it can build efficiency for providers and payers alike. This event drew 17 individuals representing 10 different health insurers in the state. **(8.2)**

2019 Strategic Planning

For 2019, the **Content Advisory Team (CAT)**, led by SCETV, outlined details for increased cross-promotional marketing. This plan will allow the SCTA to more effectively share the extensive library of informative and impactful video and other content developed through the My Telehealth campaign. Additionally, building off the successes of TAW in 2018, the CAT will explore ways to encourage and equip even more statewide partners to be involved in TAW 2019.

Having successfully outlined its first *SCTA Payer Coverage Priorities* document in 2018, the **Sustainability Workgroup** plans to update this document for 2019. Using this and other tools developed by the workgroup, the Sustainability Workgroup and its constituent partners will work together to advocate with payers in the state for increase coverage. Additionally, the workgroup plans to partner with the Education Workgroup to develop some guidance around recent changes in coverage (e.g., the new CMS codes).

A full outline of Strategy 8 can be found in the attached *SCTA 2019 Strategic Plan (Appendix A)*.

2018 SCTA Strategy 8 - Milestones

| Strategy 8: Demonstrate to legislators, payers, providers, and the public the impact of telehealth on improving access, quality, and affordability | | | | |
|---|-----------|------------------------------------|--------------|--|
| Milestones | Timeline | Champion | Status | Notes |
| Tactic 8.1: Promote awareness of telehealth, the SCTA, and SCTA resources. | | | | |
| Develop and build distribution lists for audiences in Mailchimp (public, providers, legislators, and payers). | March | Content Advisory Team (SCETV/SCTA) | Complete | |
| Develop specific content, messaging, and channels for each audience. | June | Content Advisory Team (SCETV/SCTA) | Complete | |
| Develop a list of events to attend and promote the work of the SCTA. Revamp and increase circulation of public survey assessing telehealth knowledge. | September | Content Advisory Team (SCETV/SCTA) | Complete | |
| Engage focus group(s) and utilize surveys to evaluate current promotions and gain insight on future opportunities | December | Content Advisory Team (SCETV/SCTA) | Transitioned | In CY19, the CAT will use data from hubs and other providers to better understand promotional needs and opportunities. |
| Tactic 8.2: Promote the engagement of health systems insurers to establish telehealth reimbursement mechanisms which lead to enhanced levels of care delivered efficiently and cost effectively. | | | | |
| Develop shared arrangement template for telehealth programs that have the potential to: produce ER diversions, improve population health (diabetes), and increase screenings and early detection conditions | March | External Affairs Manager | Complete | |
| Begin meeting with telehealth providers to assess the programs and identify payer populations using the programs. | June | External Affairs Manager | Complete | |
| Host live telemedicine demonstrations for payers at MUSC's Center for Telehealth. | September | External Affairs Manager | Complete | |
| With completed template, begin collaborating with hub contracting departments to decide next step for shared arrangement payer engagement | December | External Affairs Manager | Complete | Hubs have been encouraged to engage with their contracting departments and the SCTA has offered to help as needed. |

Appendix A:
2019 SCTA Strategic Plan

SOUTH CAROLINA
Telehealth
ALLIANCE

South Carolina Telehealth Alliance (SCTA)
2019 Strategic Plan

For inquiries contact:

Ryan Kruis

South Carolina Telehealth Alliance Coordinator

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Telephone: (843) 792-6488



Mission

Improve the health of all South Carolinians through telehealth.

Values

Patient centered
Quality
Collaboration
Sustainability
Accountability

Vision

Telehealth will grow to support delivery of health care to all South Carolinians with an emphasis on underserved and rural communities. It will facilitate, coordinate and make more accessible quality care, education and research that are patient centered, reliable and timely. Our state will become recognized nationally for telehealth that is uniquely collaborative, valuable and cost effective.

Value Proposition

Telehealth in South Carolina will deliver high value through productive collaboration.

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| Strategy 1: | Deploy a coordinated, open-access telehealth network in South Carolina. |
|--------------------|--|

5-Year Ideal Status for Strategy: In 5 years, the SCTA telehealth network will consist of hundreds of endpoints supported regionally, with 24/7 backup support from a core group of SCTA IT personnel. All endpoints will be discoverable for dialing through with a neighbored or single call registry and directory service. Technologies will allow a common approach to workflows, facilitating ease of use on the clinical team at all endpoints.

Collaborative Outcome(s):

| | Short Term | Medium Term | Long Term |
|---|---|---|---|
| A widely disseminated and robustly supported open-access technical telehealth network | # of sites with designated IT support | Open access network use (multiple institutions connected through endpoints) | Technical support and network reliability satisfaction measures |
| | <i>*Try to address through tactic 1.2</i> | <i>*Try to address through tactic 1.2</i> | |
| Develop statewide centralized credentialing model | Quarterly utilization of spokes Quarterly satisfaction of spokes | TBD | TBD |

Tactic 1.1: Ensure timely IT support for telehealth-related activities across the state.

- **Champion:** Michael Haschker & Matt Hiatt
- **Planning Members:** IT Workgroup
- **Quarterly Milestones:**
 - **March 2019:** Assess sites for adequacy of telehealth-related IT support
 - **June 2019:** Designate SCTA member support for sites with gaps in telehealth-related IT support
 - **September 2019:** Establish training criteria for telehealth-related IT support

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Tactic 1.2: Ensure SCTA technical standards and protocols continue to meet industry standards and that SCTA IT solutions meet the needs of SCTA partner organizations.

- **Champion:** Michael Haschker & Jimmy McElligott
- **Planning Members:** IT Workgroup, Hub Managers
- **Quarterly Milestones:**
 - **March 2019:** Engage telehealth vendors to enable video endpoints to be accessible by open-access compatible video clients
 - **June 2019:** Provide interoperability report to Advisory Council
 - **September 2019:** Establish guidelines intended for IT personnel on best practices to be shared with SCTA leadership.

| | |
|----------------------------|---|
| IT Workgroup Roster | <p>Champion: Michael Haschker (MUSC)</p> <p>Members: Rick Byers (Prisma), Michael Chapin (Prisma), Marvin Reece (Prisma), Matt Hiatt (PCC), Jon Lohr (Beaufort Memorial), Christal Jones (DMH), Webb McCall (McLeod), Cole Naus (Tidelands), Kapil Madathil (Clemson), Gary Herrington (CareSouth), David McSwain (CTC/MUSC), Daniel Leonard (Prisma)</p> |
|----------------------------|---|

Tactic 1.3: Evaluate long term viability and utility of the pilot centralized credentialing program.

- **Champion:** PCC
- **Planning Members:** Credentialing Workgroup
- **Quarterly Milestones:**
 - **March 2019:** Assess baseline satisfaction and utilization with spoke hospitals on current credentialing procedures. Complete data imports from MUSC into centralized ECHO database.
 - **June 2019:** Assess satisfaction and utilization of spokes utilizing centralized database. Provide interim report on utilization and satisfaction.
 - **September 2019:** Report on overall success of pilot and determine feasibility for expansion of program.

| | |
|--------------------------------|---|
| Credentialing Workgroup | <p>Champion: Kathy Schwarting (PCC)</p> <p>Members: Cheryl Coble (Prisma), Teresa Wilson (Prisma), Shirley Crawford (Prisma), Kacie P. Hodges (DMH), Paulena Prosser (McLeod), Susan Pickle (McLeod), Kerri Bergeron(MUSC), Victoria Gooch (DMH)</p> |
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| Strategy 2: | Understand and effectively respond to the health needs of SC citizens with an emphasis on those living in underserved and rural areas. |
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5-Year Ideal Status for Strategy: Sites of service located in rural and underserved areas have the technology, training, and wrap-around services to implement, promote, and advance the telehealth components that would most benefit their local communities. The SCTA has developed an effective model for using telehealth to support disease management across the care continuum in rural communities, which can be replicated in other communities.

Collaborative Outcome(s):

| Tactic | Short Term | Medium Term | Long Term |
|--|---|--|--|
| Grow the number of rural health care sites connected to the adequate broadband required to participate in telehealth services. | Number of rural sites with subsidized broadband | Total broadband increased for rural sites (before and after subsidized line installed) | TBD |
| Enhance the number of rural citizens in SC benefitting from telehealth services. | Number of rural practices/sites that are utilizing telehealth services. | Number of health care encounters in rural areas that are delivered virtually. | Evidence of telehealth providing clinical & financial benefits to rural areas. |

Tactic 2.1: Grow the number of rural health care sites connected to the broadband required to participate in telehealth services.

- **Champion:** PCC
- **Planning Members:** MUSC
- **Quarterly Milestones:**
 - **March 2019:** Identify opportunities to promote the value(s) of enhanced broadband in rural areas.
 - **June 2019:** In coordination with the SCTA Content Advisory Team, establish a promotional plan to increase awareness of the benefits of broadband for rural sites.
 - **September 2019:** Broadband promotional plan underway.

Tactic 2.2: Support providers in rural & underserved areas with the technology & training needed to provide telehealth services.

* See *Tactics 1.1 (IT Workgroup) and 5.2 (Education Workgroup)*

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Tactic 2.3: Develop a mechanism to optimize the experience and participation of rural health clinics with telehealth service lines.

- **Champion:** PCC
- **Planning Members:** Dr. James Simmons (4OLA), MUSC, TRMC, Hampton Regional, Allendale Hospital, AHEC
- **Quarterly Milestones:**
 - **March 2019:** Facilitate a discussion through collaborative community engagement in the Bamberg, Barnwell, Hampton and Allendale region regarding the need and feasibility for regional telehealth access centers
 - **June 2019:** Identify the ideal locations for proposed regional telehealth access centers and clinical service partners.
 - **September 2019:** Establish a proposed plan for a regional access center implementation in the target area and report on feasibility of plan.

** Tactic 2.3 to be done in partnership with Tactic 3.2.C*

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Strategy 3: Build and scale telehealth clinical services and programs that expand access to care.

5-Year Ideal Status for Strategy: In 5 years, multiple SC institutions will be delivering coordinated telehealth services over compatible technology. Regardless of geographical location, South Carolinians will have equitable access to quality health care. SC providers will collaborate together to elevate the quality, efficiency, and effectiveness of the SC healthcare delivery system.

Collaborative Outcomes for Strategy:

| Tactic | Short Term | Medium Term | Long Term |
|--|--|---|--|
| Support community hospitals with the availability of specialty and subspecialty services. | Total # of telehealth interactions by service line and by connected hospital. Ratio of interactions over bed size of hospital. | Demonstrated evidence that telehealth services are improving quality metrics. All state hospitals are at least “stroke ready.” | Demonstrated evidence that telehealth services are improving financial metrics |
| Support primary and ambulatory care providers with efficient access to specialty care. | Total # of telehealth interactions by site Ratio of telehealth interactions over number of sites | Percentage of SC counties with primary care or ambulatory offices accessing specialty care via tele | Proportion of care delivered by specialty guided best practices in underserved regions |
| Extend care to population-based settings to improve access to convenient, cost-effective healthcare. | Total # of telehealth interactions for SNFs, schools, and correctional facilities. Interactions over number of sites (delineated by site type). | Percentage of SC counties with a population-based setting (schools, SNFs, correctional facilities) having access to specialty care via tele | Health impacts demonstrated in the populations within these settings |

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|---|------------------------------------|---|--|
| Understand and effectively respond to consumer demands by expanding convenient healthcare services (Direct-to-Patient). | Total # of telehealth interactions | Total # of interactions for chronic disease conditions Total # of interactions to Medicaid and underserved populations | Health impact on high risk chronic disease conditions Demonstrate reduction in disparities in access to care in underserved populations |
|---|------------------------------------|---|--|

Tactic 3.1: Support community hospitals with the availability of specialty and subspecialty services.

Subtactic 3.1.A: Optimize the use of telehealth services by hospitals (2019 focus – telestroke)

- **Champion:** MUSC Health
- **Planning Members:** SCHA, Prisma Health, McLeod Health
- **Quarterly Milestones:**
 - **March 2019:** Identify service improvement needs and metrics for statewide acute stroke care.
 - **June 2019:** Formulate a plan to address service improvement needs and collection of statewide metrics.
 - **September 2019:** Communicate plan to SCHA members.

Subtactic 3.1.B: Grow and optimize pediatric telehealth services.

- **Champion:** Children’s Telehealth Collaborative
- **Planning Members:** Prisma Health, McLeod Health, MUSC Health
- **Quarterly Milestones:**
 - **March 2019:** Each SC children’s hospital will identify and prioritize pediatric telehealth services to develop or grow. All current service lines reporting quarterly utilization.
 - **June 2019:** Clinical and operational workflows drafted.
 - **September 2019:** Implement new services within health system. Demonstrate growth/optimization of pre-existing service lines (i.e. pediatric critical care).

Subtactic 3.1.C: Increase adult inpatient telehealth services that meet the needs of the respective region.

- **Champion:** MUSC Health
- **Planning Members:** Prisma Health, McLeod Health, MUSC Health
- **Quarterly Milestones:**
 - **March 2019:** Report out baseline utilization metrics for all inpatient telehealth services by site on quarterly basis.
 - **June 2019:** Use data to inform further program growth and optimization.

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Subtactic 3.1.D: Expand access to critical care intensivists and explore possibilities for a statewide critical care network, complemented by tele-ICU.

- **Champion:** MUSC Health
- **Planning Members:** SCHA, Prisma Health, McLeod Health
- **Quarterly Milestones:**
 - **March 2019:** Identify key critical care quality metrics and service needs for South Carolina hospitals.
 - **June 2019:** Formulate a plan to further address the state’s critical care quality needs, complemented by tele-ICU.
 - **September 2019:** Communicate that plan to SCHA members and other key stakeholders.

Tactic 3.2: Support primary and ambulatory care providers with efficient access to specialty care.

Subtactic 3.2.A: Optimize telehealth services to better support primary care providers and improve efficiency of the referral process.

- **Champion:** MUSC Health
- **Planning Members:** SC Primary Care Clinics, PCC
- **Quarterly Milestones:**
 - **June 2019:** Assess what telehealth modalities and programs have the greatest potential to improve primary care service provision and best practices for implementation.
 - **September 2019:** Report out findings of assessment and begin development of telehealth value toolkit for primary care practices.

Subtactic 3.2.B: With diabetic RPM as use case, identify best practices and pathway towards sustainable service for a primary care clinic partnered with a telehealth hub service provider

- **Champion:** MUSC Health
- **Planning Members:** PCC, DHHS, BCBS
- **Quarterly Milestones:**
 - **March 2019:** Review current processes and finances for service.
 - **June 2019:** Under optimized model, propose financial structure for a service delivery partnership.
 - **September 2019:** Establish guidelines for dissemination on best service and business practices for RPM in a partnership model

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Subtactic 3.2.C: Expand and grow regional telehealth access points for the equitable delivery of specialty care.

- **Champion:** MUSC Health
- **Planning Members:** Prisma Health, McLeod, PCC
- **Quarterly Milestones:**
 - **March 2019:** Begin reporting quarterly utilization of services at regional telehealth access clinics and identify any barriers toward continued growth.
 - **June 2019:** Work with SCTA partners to identify potential regions in which to develop additional regional telehealth access points and assess feasibility.
 - **September 2019:** Report findings and begin implementation process for additional clinics where appropriate.

Subtactic 3.2.D: Through enhanced collaboration, optimize the telementoring and Project ECHO models in the state that enable primary care and other practice settings to co-manage complex medical cases with the assistance of a multidisciplinary specialist team.

- **Champion:** Telementoring Workgroup
- **Planning Members:** MUSC, PH-USC Medical Group, Prisma Health
- **Quarterly Milestones:**
 - **March 2019:** Implement coordinated marketing efforts for state telementoring programs. Workgroup to begin meeting on a quarterly basis.
 - **June 2019:** Identify common outcome metrics across programs. Begin reporting metrics on quarterly basis.
 - **September 2019:** Research and report out potential payment opportunities for telementoring / ECHO programs.

Tactic 3.3: Extend care to population-based settings to improve access to convenient, cost-effective healthcare.

Subtactic 3.3.A: Increase access to medically-underserved children by increasing the utilization of school-based telehealth.

- **Champion:** MUSC Health, Prisma Health
- **Planning Members:** School-based Telehealth Workgroup
- **Quarterly Milestones:**
 - **March 2019:** Begin reporting utilization by school on quarterly basis.
 - **June 2019:** Formulate plan to increase utilization across school districts.
 - **September 2019:** Implement plan in upcoming school year.

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Subtactic 3.3.B: Implement telehealth services to correctional, post-acute, and long term care facilities to decrease the costs of avoidable readmissions and transfers.

- **Champion:** MUSC Health, Prisma Health
- **Planning Members:** McLeod, DMH
- **Quarterly Milestones:**
 - **March 2019:** Begin reporting utilization by site.
 - **June 2019:** Use data to inform growth and further optimization.

Subtactic 3.3.C: Expand access to child abuse pediatric care within the network of Children’s Advocacy Centers (CACs).

- **Champion:** Children’s Telehealth Collaborative
- **Planning Members:** SC Network of Children’s Advocacy Centers, Prisma Health, MUSC Health
- **Quarterly Milestones:**
 - **March 2019:** Identify region(s) to pilot a telehealth child abuse pediatric (TeleCAP) program.
 - **June 2019:** Establish clinical and operational workflows. Identify and acquire appropriate telehealth technology for program.
 - **September 2019:** Implement pilot TeleCAP program.

Tactic 3.4: Understand and effectively respond to consumer demands by expanding convenient healthcare services (Direct-to-Patient).

Subtactic 3.4.A: Increase the adoption and utilization of direct-to-patient urgent and primary care services.

- **Champion:** Prisma Health
- **Planning Members:** Direct-to-consumer workgroup
- **Quarterly Milestones:**
 - **March 2019:** Report CY2018 data from identified access, experience and quality key performance indicators. Identify data and other information needed to build educational content that effectively addresses the largest barriers to DTC adoption among (a) patients, (b) providers/health system, (c) legislature, and (d) payers.
 - **June 2019:** Consolidate data and information, and work closely with the Content Advisory Team to develop key messaging and communication plan for each targeted stakeholder group.
 - **September 2019:** Utilize SCTA structure and workgroups (e.g. Sustainability Workgroup, Education Workgroup, Advisory Council) to disseminate target messaging to stakeholder groups.

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Subtactic 3.4.B: Develop an approach to expand access to care for medically complex children.

- **Champion:** Children’s Telehealth Collaborative
- **Planning Members:** MUSC Health, Prisma Health, McLeod Health
- **Quarterly Milestones:**
 - **March 2019:** Each children’s hospital will identify a telehealth service to support medically complex children in the home or other convenient location.
 - **June 2019:** Clinical and operational champions identified and workflows drafted.
 - **September 2019:** Implement the pilot service for medically complex children.

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| Strategy 3 Workgroups | <p>Regional Hub Working Group: Amelia Bischoff (Prisma), Shawn Valenta (MUSC), Ashley Springs (McLeod), Jeff Miles (McLeod), Ryan Kruis (SCTA)</p> <p>School-based Telehealth Workgroup: Amelia Bischoff (Prisma), Chris Moseley (McLeod), Katie Cristaldi (MUSC), Gayle Douglas (Prisma), Courtney Huggins (Anmed), Susie Woodward (SRHS), Angel Bourban (Prisma), Michelle Steffen (Riverside Peds), Robin Estrada (Prisma), Melissa Predergast (CCSD), Holly Bryan (Prisma), Vicky Craig (Kershaw), Craig Kinley (SCTA), Allison Jackson (Comp Health), Joyce Harris, Shelley McGeorge (SCDE), Marty Player (MUSC), Maria Williamson (SRHS), Pam Davis (Little River Medical Center), Dee Drayton (SCDE), Loretta Crowley (Prisma), Lynn Bassett, Kelli Garber (MUSC), Elana Wells (MUSC), Carol Foil (SRHS)</p> <p>Direct-to-Consumer Workgroup: Amelia Bischoff (Prisma), John Lohr (Beaufort Memorial), Chris Moseley (McLeod), Andrew Rolfe (Prisma), Courtney Huggins (Anmed), Shauna Bishop (BMH), Lisa Taylor (BMH), Katie Lawrence (Prisma), Karl Macklin (Prisma), Ashley Springs (McLeod), Vanessa Diaz (MUSC), Emily Sederstrom (MUSC), Cathryn Adair (SC BCBS), Rachel Musselwhite (SRHS), Susie Woodward (SRHS)</p> <p>Telementoring/Project ECHO Workgroup: Divya Ahuja (Prisma), Teresa Joseph (MUSC), Julie Kanter (MUSC), Kelly Barth (MUSC), Adrena Harrison (Prisma), Eve Fields (Prisma), Ben Goldwasser (Prisma), Rachel Grater (MUSC), Donna Johnson (MUSC), Callie Hayden (Prisma)</p> <p>Children’s Telehealth Collaborative: Carly Howard Draddy (Prisma), Robin LaCriox (Prisma), George Haddad (Prisma), Caughman Taylor (Prisma), Amelia Bischoff (Prisma), Bryan Gamble (Prisma), Kelly Hawsey (Prisma), Ashley Springs (McLeod), Webb McCall (McLeod), Jeff Miles (McLeod), Hart Smith (McLeod), Carl Chelan (McLeod), Brooke Yeager McSwain (CTC), David McSwain (MUSC), Maggie Cash (CTC), Andrew Atz (MUSC), Mark Scheuerer (MUSC), Ryan Kruis (SCTA), Emily Sederstrom (MUSC)</p> |
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SOUTH CAROLINA
Telehealth
 ALLIANCE

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| Strategy 4: | Broaden mental health and related telehealth clinical services and programs to increase access to quality care. |
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5-Year Ideal Status for Strategy: In five years, the SCTA—under the leadership of SCDMH—will extensively increase access to mental health and related clinical services and programs via telehealth across South Carolina. Building on existing services and programs, the SCTA will identify and bridge service gaps and diversify the types of mental health and related clinical services and programs available to South Carolinians. Through its unified efforts, the SCTA will integrate and align the state’s efforts on telepsychiatry and mental health, emphasizing both (a) the continuum of care for mental health and related clinical services and programs and (b) care across the lifespan of a patient.

Collaborative Outcomes for Strategy:

| Tactic | Short Term | Medium Term | Long Term |
|--|---|--|---|
| Support rural hospitals with the availability of mental health and related clinical services and programs. | Total # of telehealth interactions by service line and by connected hospital. Percentage of hospitals receiving mental health or related clinical services via telehealth. | Demonstrated evidence that telehealth services are improving quality metrics. | Demonstrated evidence that telehealth services are improving mental health continuum of care. |
| Support primary care and related-care providers with integrated or aligned access to mental health related clinical services and programs. | Total # of telehealth interactions by service line and by primary care and related care entity. | Demonstrated evidence that telehealth services are improving access to care at the point nearest to the patient. | Demonstrated evidence that telehealth services are improving access to care beyond SCDMH-specific locations. |
| Establish telepsychiatry as recruitment tool for providers | Total # of providers providing telepsychiatry services by provider type. # of new providers providing telepsychiatry services | Demonstrated evidence of a stratified roster of telehealth clinical service providers. | Demonstrated evidence of a change in the service delivery structure to reflect efficient use of provider types. |

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| Develop a best practice for medical information sharing across disparate medical service delivery organizations. | A solution to the challenge of medical information sharing. | Implementation of a software solution to effect real-time information sharing across business-associated healthcare entities. | Demonstrated evidence that implementation of an information sharing software solution has provided measurable benefit to the healthcare continuum. |
| Identify, support, and coordinate statewide telehealth initiatives that address substance use disorders, inclusive of programs related to medically assisted treatment (MAT). | Total # of telehealth interactions by service line and by connected site. Percentage of 301 sites receiving tele-MAT services. | Demonstrated evidence that telehealth services are improving access to MAT. | Demonstrated health impacts in populations with opioid use disorder and other substance use disorders |

Tactic 4.1: Support rural hospitals with the availability of mental health and related clinical services and programs.

Subtactic 4.1.A: Increase the number of rural hospitals with access to mental health and related clinical services and programs.

- **Champion:** SCDMH
- **Planning Members:** PCC, SCDMH, DAODAS, MUSC Health
- **Quarterly Milestones:**
 - **March 2019:** Establish priority list and IT readiness evaluation of rural hospitals for implementation of clinical services and programs.
 - **June 2019:** Secure required equipment and associated infrastructure in order to implement selected clinical services and programs.
 - **September 2019:** Activate select cohort of rural hospitals from established priority list and IT readiness evaluation.

Subtactic 4.1.B: Extend organizational partnerships that support crisis intervention.

- **Champion:** SCDMH
- **Planning Members:** SCDMH, DAODAS, MUSC Health, SCHA
- **Quarterly Milestones:**
 - **March 2019:** Establish priority list of geographically-strategic and community-ready areas for implementation of regional crisis intervention services.
 - **June 2019:** Establish regional crisis intervention services across 50% of the State.
 - **September 2019:** Establish statewide coverage of crisis intervention services. Establish evaluation metrics to determine impact of crisis intervention services.

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Tactic 4.2: Support primary care and related care providers with integrated or aligned access to mental health and related clinical services and programs.

Subtactic 4.2.A: Increase the number of primary care and related-care providers with access to mental health and related clinical services and programs.

- **Champion:** SCDMH
- **Planning Members:** PCC, DAODAS, MUSC Health
- **Quarterly Milestones:**
 - **March 2019:** Establish priority list and IT readiness evaluation of primary care and related-care providers for implementation of clinical services and programs.
 - **June 2019:** Secure required equipment and associated infrastructure in order to implement selected clinical services and programs.
 - **September 2019:** Activate select cohort of primary care and related-care providers from established priority list and IT readiness evaluation.

Tactic 4.3: Establish telepsychiatry as recruitment tool for providers.

- **Champion:** SCDMH
- **Planning Members:** USC School of Medicine, PCC, SCDMH, DAODAS, MUSC Health
- **Quarterly Milestones:**
 - **March 2019:** Continue marketing initiative to use telepsychiatry as recruitment tool for telehealth clinical service providers.
 - **June 2019:** Demonstrate initial evidence of a stratified roster of telehealth clinical service providers.
 - **September 2019:** Demonstrate evidence of a change in the service delivery structure to reflect efficient use of telehealth clinical service provider types.

Tactic 4.4: Develop a best practice for medical information sharing across disparate medical service delivery organizations.

- **Champion:** SCDMH
- **Planning Members:** PCC, MUSC Health, SCHA, Regional Hubs
- **Quarterly Milestones:**
 - **March 2019:** Select a software solution to mitigate the challenge of medical information sharing.
 - **June 2019:** Configure a software solution to effect real-time information sharing across business-associated healthcare entities.
 - **September 2019:** Implement a software solution to effect real-time information sharing across business-associated healthcare entities.

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Tactic 4.5: Identify, support, and coordinate other statewide telehealth initiatives that address mental health and related clinical services and programs.

Subtactic 4.5.A: Identify the various statewide telehealth programs that address mental health and related clinical services and programs and determine potential opportunities for alignment.

- **Champion:** SCDMH
- **Planning Members:** PCC, MUSC Health
- **Quarterly Milestones:**
 - **March 2019:** Work with complimentary healthcare service providers to develop a comprehensive telehealth program that coordinates mental health and primary health care to be deployed to appropriate recipient organizations.
 - **June 2019:** Demonstrate initial outcomes of mental health and primary health comprehensive program development in at least one extended service site.
 - **September 2019:** Demonstrate outcomes of mental health and primary health comprehensive program development in at least one extended service site and expand service availability as appropriate.

Subtactic 4.5.B: Explore the implementation of mental health and related clinical services and programs in extended service areas.

- **Champion:** SCDMH
- **Planning Members:** PCC, DAODAS, MUSC Health
- **Quarterly Milestones:**
 - **March 2019:** Identify additional opportunities for implementation of mental health and related clinical services via telehealth to extended service areas (e.g. schools, jails, state agencies, colleges, and universities).
 - **September 2019:** Demonstrate outcomes of implementation of mental health and related clinical services via telehealth in a specific extended service area; specifically, as a component of the SCDMH School Mental Health Program.

Tactic 4.6: Identify, support, and coordinate statewide telehealth initiatives that address substance use disorders, inclusive of programs related to medically assisted treatment (MAT).

Subtactic 4.6.A: Coordinate efforts to expand MAT access throughout South Carolina via telehealth.

- **Champions:** DAODAS, 301s, MUSC Health
- **Planning Members:** PCC
- **Quarterly Milestones:**
 - **March 2019:** Establish committee structure that facilitates regular communication and coordination of tele-MAT expansion efforts. Establish clearly defined roles for stakeholders involved in expansion efforts.
 - **June 2019:** Identify key issues or policies that require clarity, education, and/or advocacy (e.g. prescribing laws, reimbursement).

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- **September 2019:** Work collaboratively with other workgroups (i.e. Education, Content Advisory Team, or Sustainability Workgroup) to address the key issues identified.

Subtactic 4.6.B: Evaluate current MAT telehealth expansion efforts.

- **Champions:** MUSC Health (SC MAT ACCESS)
- **Planning Members:** DAODAS, PCC, 301s, CareSouth
- **Quarterly Milestones:**
 - **March 2019:** Identify an approach to evaluate the different models for tele-MAT active in SC. Work with Education Workgroup to assess tele-MAT implementation barriers within the 301s.
 - **June 2019:** Begin data collection and evaluation efforts of different tele-MAT provider models. Receive a report from Education Workgroup on identified barriers and educational needs within the 301s.
 - **September 2019:** Develop a report based on evaluation of tele-MAT models.

Subtactic 4.6.C: Identify other telehealth opportunities to increase efficiency and enhance continuity of care for South Carolinians with substance use disorders.

- **Champions:** DAODAS, SCDMH
- **Planning Members:** Morris Village, PCC, MUSC Health, 301s
- **Quarterly Milestones:**
 - **March 2019:** Identify providers, service line, and location for piloting a new telehealth service (e.g. telehealth within Morris Village).
 - **June 2019:** Establish clinical and operational workflows and training.
 - **September 2019:** Implement pilot of telehealth service(s).

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| Strategy 5: | Conduct statewide education, training, and promotion to providers and the public to accelerate and spread adoption of telehealth. |
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5-Year Ideal Status for Strategy: In 5 years, a majority of health care professionals practicing in the state will have a high degree of comfort with telehealth practice to include knowledge of the South Carolina Telemedicine Act and how telehealth impacts their own profession. A significant proportion of health professionals will have a high level of knowledge of how telehealth technologies can enhance the work of an interdisciplinary health care team.

Collaborative Outcomes for Strategy

| Tactic | Short Term | Medium Term | Long Term |
|--|--|---|--|
| Assist participating health provider training institutions in South Carolina in introducing knowledge of telehealth to their learners. | # of health professional trainees who received exposure to telehealth education # of trainees who received specific training on how to deliver and/or coordinate healthcare services via telehealth | % of graduating health professionals with high level of knowledge of telehealth (exit survey) | % of grad health professionals prepared to utilize distance technologies to collaborate in interprofessional teams (exit survey) |
| Assist practicing health care providers in adopting telehealth through telehealth best-practice education and provisions of guiding resources, paying special attention to the rural/underserved communities in state. | # of health providers who received exposure to telehealth education # of telehealth-specific contact hours | % of providers with high level of knowledge of telehealth (survey) | % of providers prepared to utilize distance technologies to collaborate in interprofessional teams (survey) |

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Tactic 5.1: Assist participating health provider training institutions in South Carolina in introducing knowledge of telehealth to their learners.

- **Champion:** AHEC
- **Planning Members:** Education and Communication Committee
- **Quarterly Milestones:**
 - **March 2019:** Establish lines of communication/collaborative partnership with the Content Advisory Team & SCETV in order to produce educational videos that address Telehealth Core Competencies
 - **June 2019:** Develop additional educational resources/videos for integration of telehealth in health professions curricula based on Telehealth Core Competencies (including Tele-presenter training for health profession students)
 - **September 2019:** Publish/promote catalog of telehealth educational resources available categorized by core competency

Tactic 5.2: Assist practicing health care providers in adopting telehealth through telehealth best-practice education and provisions of guiding resources, paying special attention to the rural/underserved communities in state.

- **Champion:** PCC
- **Planning Members:** Education and Communication Committee
- **Quarterly Milestones:**
 - **March 2019:** Launch reimbursement billing online training program for healthcare workers. Continue to distribute survey among other provider settings (e.g. small and rural hospitals working with the SCHA or the 301 behavioral health centers).
 - **June 2019:** Develop training modules and resources such as Tele-Presenter online certification, telehealth coordinator, and broadband access based on needs assessment from practices serving rural/underserved patients
 - **September 2019:** Partner with regional AHEC Centers to coordinate at least two regional telehealth meetings by December 2019

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| Education Committee | <p>Champion(s): Jennifer Bailey (SC AHEC), Kathy Schwarting (PCC)</p> <p>Members: Ragan DuBose-Morris (MUSC), Davia Smith (PCC), Amelia Bischoff (Prisma), Divya Ahuja (Prisma), Gail Weaver (AHEC/McLeod), Gaye Douglas (DMH/Care South), James Stallworth (Prisma), Jillian Harvey (MUSC), Kelly Hawsey (Prisma), Kimberly Kascak (SC AHEC), Lauren Angelo-Duck (USC CON), Robert Morgan (Prisma), Samuel Head (SC DHHS), Stewart Cooner (DMH), Tena McKinney (USC CON), Teri Browne (USC SOSW), William Gamble (Prisma), Lisa Taylor (Beaufort Memorial Hospital), Katherine Chike-Harris (MUSC)</p> |
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| Strategy 6: | Develop a telehealth organization structure that encourages and facilitates statewide collaboration among providers in the delivery of health care, education, and research. |
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5-Year Ideal Status for Strategy: The organizational structure for the SCTA should be flexible, but guiding. The aligned institutions should be representative of all care settings and should be responsive of the changing nature of processes and technology being used.

Collaborative Outcomes for Strategy

| Tactic | Short Term | Medium Term | Long Term |
|---|--|--|-----------|
| Establish enhanced communication channels targeting partners and stakeholders not represented at the SCTA Advisory Council. | # of stakeholders participating across workgroups and planning sessions # of organizations represented among stakeholders | Satisfaction metrics among SCTA stakeholders | TBD |

Tactic 6.1: Establish enhanced communication channels targeting partners and stakeholders not represented at the SCTA Advisory Council.

- **Champion:** SCTA Advisory Council Co-Chairs
- **Planning Members:** Advisory Council
- **Quarterly Milestones:**
 - **March 2019:** Optimize stakeholder webinars and meetings
 - **June 2019:** Organize work-group structure for maximum SCTA participant benefit
 - **September 2019:** Maximize inclusion in annual strategy planning

Tactic 6.2: Establish unified opinions and priorities on policies and/or regulations and pursue these priorities when possible and appropriate.

- **Champion:** SCTA Advisory Council Co-Chairs
- **Planning Members:** Advisory Council
- **Quarterly Milestones:**
 - **March 2019:** Identify potential priorities or issues to address.
 - **June 2019:** Develop SCTA priority or issue statements as needed.
 - **September 2019:** Meet with appropriate stakeholders and decision-makers to advance SCTA objectives on identified issues.

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| Strategy 7: | Establish the value case for telehealth through robust assessment and rigorous analysis of telehealth outcomes. |
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5-Year Ideal Status for Strategy: All telehealth projects in the state will be collecting and reporting outcome data to demonstrate access, quality, and value. The SCTA will have implemented a process and/or mechanism for coordinated, statewide reporting of outcomes, and will be using these data to inform strategic decision making.

Collaborative Outcome(s):

| | Short Term | Medium Term | Long Term |
|--|--|---|---|
| Establish the means to produce short and long term outcomes that reflect the value of telehealth services delivered and that inform SCTA strategic decisions | # of programs that have received support from dedicated Strategy 7 team (either USC or MUSC COE) | # of programs that have received in-depth analysis from dedicated Strategy 7 team (either USC or MUSC COE) | Every telehealth project in the state will be measuring and reporting 1-2 outcome measures that address access, quality, and/or value. Consultation team to help report the overall impact for the state |
| Foster telehealth research across the state through telehealth-oriented research support and pilot funding. | # of telehealth pilot projects funded by the SCTA # of telehealth research consultations | % of pilot projects with at least one research publication # of telehealth research publications by SC researchers | % of pilot projects that have had at least one extramural proposal funded following pilot project funding % of pilot projects that have resulted in lasting programs beyond two years of initial funding |

Tactic 7.1: Establish the means to produce short and long term outcomes that reflect the value of telehealth services delivered and that inform SCTA strategic decisions

- **Champions:** Meera Narasimhan and Dee Ford
- **Planning Members:** USC School of Medicine; MUSC Center of Excellence
- **Quarterly Milestones:**
 - **March 2019:** USC and COE each to begin collecting data for at least one in-depth analysis on a telehealth service line (e.g. asynchronous DTC virtual care, telestroke cost-effectiveness).
 - **June 2019:** Conduct analysis and report out findings to advisory council. Identify additional service lines for outcomes analysis.
 - **September 2019:** Begin collecting data for additional program analyses.

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Tactic 7.2: Foster telehealth research across the state through telehealth-oriented research support and pilot funding.

- **Champion:** MUSC Health
- **Planning Members:** USC, Clemson, SC Translational Research Institute (SCTR)
- **Quarterly Milestones:**
 - **March 2019:** Begin transitioning the SCTA telehealth pilot grants over to SCTR for ongoing administration. Ensure SCTA participation in the advertising and review process.
 - **June 2019:** Work closely with SCTR leadership to develop a coordinated method for responding to telehealth-related research requests.
 - **September 2019:** Assess SCTA collaboration with SCTR to determine if any changes are needed for the ongoing partnership.

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| Strategy 8: | Demonstrate to legislators, payers, providers, and the public the impact of telehealth on improving access, quality, and affordability. |
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5-Year Ideal Status for Strategy: South Carolinians are knowledgeable about telehealth and confident that telehealth positively contributes to the health care of those in the state by increasing access to care. Among those in health care (payers, providers, legislators), telehealth should be a known tool for efficient, effective care that decreases unnecessary ER visits, increases early detection and screenings, and positively affects public health, especially for chronic conditions such as diabetes. Overall, South Carolina should be able to proudly share its story with the nation as an example of how collaboration can affect historical and systemic challenges.

Collaborative Outcome(s):

| | Short Term | Medium Term | Long Term |
|--|--|--|---|
| Promote awareness of telehealth, the SCTA and SCTA resources. | % of individuals that have a basic knowledge of telehealth | % of individuals confident that telehealth is an effective means to deliver healthcare | % of individuals confident that the healthcare of everyone in SC has improved because of telehealth |
| Promote the engagement of health systems insurers to establish telehealth reimbursement mechanisms which lead to enhanced levels of care delivered efficiently and cost effectively. | <i>*Progress indicated on yearly basis via payer score card.</i> | | |

Tactic 8.1: Promote awareness of telehealth, the SCTA, and SCTA resources.

- **Champion:** SCETV
- **Planning Members:** Content Advisory Team
- **Quarterly Milestones:**
 - **March 2019:** Update the SCTA marketing plan to include cross ‘partner’ promotional planning, as well as TAW planning
 - **June 2019:** Implementation of cross-promotional marketing in place and documented in the SCTA marketing plan
 - **September 2019:** Complete online TAW marketing toolkit
 - **December 2019:** Complete annual public awareness survey and report 2018 and 2019 data to advisory council

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| Content Advisory Team | <p>Champion: Don Godish (SCETV) & Adrian Grimes (SCTA/MUSC Health)</p> <p>Members: Amelia Bischoff (Prisma), Stewart Cooner (DMH), Tabitha Safdi (SCETV), Donna Keller (Prisma), Ryan Krus (SCTA), Ashley Starkey (Prisma), Chris Mosely (McLeod Health), Rick Foster (SCHA), Maria Williamson (SRHS), Susie Woodward (SRHS), Rachel Musselwhite (SRHS), Kelly Perritt (MUSC), John Lewis (SCETV), Scottie Dye (Prisma), Davia Smith (PCC), Julia Shillinglaw (SCETV), Tracy Stanton (McLeod), Shea Garbett (Prisma), Ali McMenamin (AHEC), Brooke McSwain (CTC), Chrissy Hutchison (SCORH)</p> |
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Tactic 8.2: Promote the engagement of health systems insurers to establish telehealth reimbursement mechanisms which lead to enhanced levels of care delivered efficiently and cost effectively.

- **Champion:** MUSC Health
- **Planning Members:** Sustainability Workgroup
- **Quarterly Milestones:**
 - **March 2019:** Develop 2019 payer priorities, aligned with SCHA goals, and an on-going payer progress report from the 2018 payer scorecard. Publish online and create a presentation for any SCTA provider partner to use.
 - **June 2019:** Equipped with the above ‘tools,’ encourage SCTA partners to host their own meetings with payers to identify telehealth services that match SCTA priorities, and provide solutions to high cost drivers for payers.
 - **September 2019:** Work with the education workgroup to publish coverage changes (new codes, etc.) guidelines online and promote this content to telehealth providers and billing and contracting staff. Example: Additional RPM codes
 - **December 2019:** Publish State of Telehealth in South Carolina that highlights benefits of our unique provider/payer collaborations and any coverage progress made due to these collaborations.

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| Sustainability Workgroup | <p>Champion: Adrian Grimes (SCTA/MUSC Health)</p> <p>Members: Amelia Bischoff (Prisma), Kelly Hawsey (Prisma), Maggie Cash (SC Children’s Collaborative), Samuel Head (SC DHHS), Elizabeth Harmon (SCHA), Will Harms (BCBS), Kathy Schwarting (PCC), Ashley Springs (McLeod), Wanda Taylor (Prisma), Shawn Valenta (MUSC), Stewart Cooner (DMH), Kellie Mendoza (MUSC), Kerri Bergeron (MUSC), Cathryn Adair (SC BCBS), Jodi Fitzsimmons (McLeod), Lorri Gibbons (SCHA), Barney Osborne (SCHA)</p> |
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Appendix B:

Press Release - History in the Making
DMH Telepsychiatry Reaches Landmark

2414 Bull Street/P.O. Box 485, Columbia, SC 29202

FOR IMMEDIATE RELEASE

October 10, 2018

Contact: Tracy LaPointe

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History in the Making: DMH Telepsychiatry Reaches Landmark

Columbia, SC – The South Carolina Department of Mental Health (SCDMH), the largest provider of telemedicine services in South Carolina, has set yet another benchmark in merging technology and quality healthcare, providing its 100,000th psychiatric service via telemedicine. This award winning [Program](#), launched in 2009 with funding assistance from The Duke Endowment and the State Medicaid agency, connects patients in emergency departments and community mental health clinics to SCDMH psychiatrists in other locations. The Program is a lifeline for rural areas of the State, where there is a long-standing shortage of psychiatrists and other mental health professionals to provide high-quality care.

Telepsychiatry uses a high-definition video connection between patient and physician or mental health professional. The patient is located in a private room, where he or she can communicate in real time with the provider. The technology makes it possible for a patient to have an assessment with a psychiatrist in another location, with the same quality as a personal, face-to-face meeting in the doctor’s office.

This connective service not only helps patients avoid unnecessary hospitalizations, but also provides the specialized treatment patients need sooner and in their local communities. In addition, it reduces expenses for healthcare providers and taxpayers, diverting patients with behavioral health needs from local emergency departments and hospitals, allowing providers to redirect workers to meet other critical needs.

“Telepsychiatry is changing the game in South Carolina. This is a cutting-edge statewide service delivery model that provides psychiatric care in a matter of hours to people in many areas who once had to wait days for help,” said DMH Deputy Director, Medical Affairs Robert Bank, MD. “The services our Program provides are accelerating, and I am excited to find new ways to deploy the technology in the future.”

“Not only do we look forward to expanding to additional rural hospitals, but also other providers, such as county Emergency Services, crisis care providers, and even primary practice settings, where a family doctor might want to obtain a specialized consultation. Our ultimate goal is to provide services to people in need in the most convenient and cost effective way, and location, possible,” said SCDMH State Director John H. Magill. “The Program would not be possible without the initial and continued investment of The Duke Endowment and the support of the SC General Assembly.”

The [South Carolina Department of Mental Health](#)’s mission is to support the recovery of people with mental illnesses. Since its inception, the Agency’s hospitals and nursing homes have treated more than 1 million patients, and its outpatient mental health centers and clinics have served more than three million patients. Today, SCDMH comprises a network of seventeen community mental health centers; more than 60 clinics; multiple inpatient hospitals, including one for substance use treatment; one community nursing care center; and three veterans’ nursing homes. It serves approximately 70,000 adults and 30,000 children and adolescents every year.

Appendix C:
SCTA Education Workgroup
Telehealth Competencies

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Telehealth Competencies

Telehealth is a collection of means or methods for enhancing health care, public health and health education delivery and support using telecommunications technologies.

Telehealth Clinical Services fall into six categories:

- 1. Consultations with a patient at a distant clinical site**
- 2. Consultations with a patient at home**
- 3. Consultations between two clinicians without the patient present**
- 4. Remote monitoring of a patient in a hospital or other facility**
- 5. Remote monitoring of a patient at home**
- 6. Secure asynchronous electronic transfer of patient information (e.g. image, lab results) to a clinician**

The South Carolina Telehealth Alliance Education committee has reviewed competencies related to telehealth and identified the following core competencies specific to learners in South Carolina.

Telehealth Core Competencies

1. Utilize proper telehealth etiquette while videoconferencing to facilitate interactions that enhance patient care and/or team function.
2. Demonstrate an understanding of privacy/protected health information (PHI) regulations, ethical and legal aspects related to the delivery of telehealth.
3. Describe appropriate use of different applications of telehealth including synchronous, asynchronous, teleconsultation, home monitoring and mobile health apps.
4. Knowledge of appropriate documentation and billing for services utilizing telehealth technology.
5. Ability to effectively utilize telehealth technology to collaborate with an interprofessional team.
6. Understand information technology and infrastructure needs for telehealth delivery.

Program Specific Competencies:

1. As appropriate, apply skills in using telehealth peripherals, such as otoscope, stethoscope and ophthalmoscope.
2. As appropriate, express understanding and proficiency in taking a patient's history, performing an appropriate exam, and generating differential diagnoses using telehealth.